



Washington Update

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UPCOMING EVENTS

****Statewide EMS Conferences****

****National Conferences and Special Meetings****

1. REGISTER NOW for 2009 NASEMSO Annual Meeting

It is not too late to register for the 2009 NASEMSO Annual Meeting! An excellent program has been developed based on input from NASEMSO members related to key issues confronting EMS stakeholders. We are fortunate to have several lead federal officials present to answer your questions regarding federal program opportunities. You won't want to miss exciting products and services in our exhibit hall as well as special offerings to enhance state efforts in EMS program management. Special programs have been developed by our hosts for spouses and guests and flyers are available on our web site. Activities include visits to the Clinton Presidential Museum, the Arkansas State Capitol, exercise outings to the Big Dam Bridge, Hot Springs, and more... NASEMSO scholarships will be announced shortly. For more information on the 2009 NASEMSO Annual Meeting, go to <http://www.nasemso.org/Meetings/Annual/index.asp>.

2. ECCC Chief to Provide Keynote Address at 2009 NASEMSO Annual Meeting

Dr. Michael Handrigan, Acting Director of the Emergency Care Coordination Center (ECCC), Office of the Assistant Secretary for Preparedness and Response at the US Department of Health and Human Services (DHHS) has accepted an invitation to provide the Keynote Address at the 2009 NASEMSO Annual Meeting. The ECCC is a new strategic entity, which is located within the Office of the Assistant Secretary for Preparedness and Response (ASPR) in DHHS, established in response to the DHHS' identification of the pressing needs of the nation's emergency medical system. [More on ECCC...](#)

3. FCC Bureau Chief to Address NASEMSO at 2009 Annual Meeting

RADM (ret) Jamie Barnett, Chief of the Federal Communications Commission's Public Safety and Homeland Security Bureau (PSHSB) will address the 2009 NASEMSO Annual Meeting in Little Rock, AR. Chief Barnett will discuss the FCC's role in emergency preparedness and response, the FCC's coordination during disasters and large-scale emergencies with federal, state and local partners, including cross-coordination specifically with FEMA and HHS; as well as a number of important issues being address by the FCC overall and its Public Safety and Homeland Security Bureau. [More on the FCC's PSHSB...](#)

4. 2009 National EMS Education Standards Gap Analysis Template Now Available

NASEMSO announces the availability of a new document intended to support national implementation of the EMS Education Agenda for the Future: A Systems Approach. Developed to support State implementation activities, the [2009 National EMS Education Standards Gap Analysis Template](#) describes key transition elements and provides greater understanding about the differences between the National Standard Curricula and the recently published EMS Education Standards. The 2009 National EMS Education Standards Gap Analysis Template is intended for use by States, educators and others as they begin to define the specifics of what will be different at the state and local level between current EMS education delivery and future EMS education delivery. [NASEMSO press release.](#)

5. NASEMSO Endorses Bill Amendment on Assisting Veterans

NASEMSO is endorsing an amendment to the America's Affordable Health Choices Act of 2009 (HR 3200) from Rep. Jane Harman (CA) on Assisting Veterans with Military Emergency Training to Become State Licensed or Certified Emergency Medical Technicians (EMTs). [More information...](#)

6. State EMS Spotlight Profiles Needed

You may have noticed that there is no state flag on the NASEMSO Home page. That is because the Web Site Committee's project to build a collection of State EMS Spotlight Pages has stalled. Since the posting of the Virginia State EMS Spotlight Page in April 2009, no new submissions have been received for our collection of basic information on each state EMS agency. Previous profiles included Wyoming, Ohio, Colorado, Florida, Alabama, and New Mexico. Would you like your state EMS office to have the next Spotlight Page? Please send in your profile soon to reserve your month for your state EMS to be featured on the NASEMSO Home page. Find out how you can participate here: <http://nasemso.org/StateSpotlight/StateSpotlight.asp>.

7. New Web Site Resource: Quality Improvement Links

The NASEMSO Web Site Committee is working to enhance resources available on the Web site. Lisa Walker, Committee Chair, contributed a list of links that she had compiled to quality improvement resources. The Web Site Committee members believe it is important for all members to increase their understanding of quality improvement and what good programs would look like. You can find our current Quality Improvement Resources

page here in the [EMS Links section](#). The committee welcomes contributions from members of additional links or documents to post on this resource page. Please send any contributions to Karen Thompson, Web Site Content Manager, at Thompson@nasemsso.org.

8. NASEMSO Joins Safety Consortium to Promote Broadband-Enabled Emergency Response

The formation of the Next Generation Safety Consortium (NGSC) was formally announced by its more than thirty charter members, including NASEMSO. The group brings together national emergency response, medical, academic, and communications organizations with leading disability rights representatives, public media and supporting government entities. By jointly seeking funding and participating in activities to enable the deployment of next generation emergency information and communications technology (ICT) for Next Generation emergency communications, the groups intend to raise awareness and demonstrate the significant benefits of broadband for emergency response. The end result – increased broadband adoption by a community that has traditionally not relied on the technology, and improved quality of service for individuals involved in emergencies. More is available at www.nextgensafety.org.

9. GAO Issues Report on Project BioShield

The Government Accounting Office (GAO) is required to report on the implementation of the Project BioShield Act. In a new briefing, the GAO describes the status of 1. Medical countermeasures supported by the Project BioShield Act that are available or being developed to address identified and emerging threats to public health from CBRN agents determined by DHS. 2. HHS's use of its authority to allow the temporary emergency use of medical countermeasures, and whether it developed procedures governing such use. 3. HHS's use of its streamlined personnel authority under the Project BioShield Act. That report, *Project BioShield Act: HHS Has Supported Development, Procurement, and Emergency Use of Medical Countermeasures to Address Health Threats* is now available-- [GAO-09-878R, July 24](#).

10. Final Report from the "No Fit Test" Respirator Research Workshop Now Available

The final report of the workshop held November 6, 2008 is now available from the University of Minnesota's website. This workshop focused on the nature and process of product innovation and development in negative pressure half-facepiece respirators to gauge the current "state of the art" and to stimulate new designs or approaches for improved respirator fit. The results of this workshop will lead to a better understanding of how future NIOSH research can encourage on-going development of better fitting respirators without compromising long-term protection. To access the report, go to <http://cpheo.sph.umn.edu/cpheo/mcohs/courses/nofit/home.html>

11. DHS Announces Critical Infrastructure and Key Resources Learning Series

The Critical Infrastructure and Key Resources (CIKR) Learning Series continues in the fall of 2009 with a fresh lineup of one hour Web-based seminars providing expert presentations on the tools, trends, issues, and best practices for infrastructure protection and resilience. Series offerings are available free of charge and are highly recommended for the Department's private sector and government partners including CIKR owners and operators and officials with responsibility for risk, security, and emergency management functions. [More on CIKR Learning Series...](#)

12. FEMA Announces Creation of Children's Working Group

While testifying before the Senate Ad Hoc Subcommittee on Disaster Recovery recently, the Department of Homeland Security's Federal Emergency Management Agency (FEMA) Administrator Craig Fugate announced the creation of a "Children's Working Group." The working group will allow FEMA and its partners to explore and implement planning and response strategies specific to children throughout the agency and ensure that during a disaster the unique needs of children are not only considered, but fully integrated into how FEMA administers this support to states and the public. The Children's Working Group will be composed of FEMA employees across multiple directorates and offices to ensure coordination and action, and will report directly to the Office of the Administrator. [More on Children's Working Group...](#)

13. Revised CONTOMS Course Available in Fall 2009

The U.S. Department of Health and Human Services, U.S. Department of Homeland Security, and the U.S. Park Police, in cooperation with the TRUE Research Foundation for the Advancement of Military Medicine, are pleased to announce the next class for the Counter Narcotics and Terrorism Operational Medical Support (CONTOMS) Program. For nearly 20 years, CONTOMS has provided nationally-recognized, evidence-based courses in tactical medical support of law enforcement and military operations. CONTOMS is dedicated to providing a solid foundation of knowledge and skill for tactical medical providers supporting local, state, and federal missions. An EMT-Tactical provider course will be offered October 12-16, 2009 in Alexandria, VA. For more information, visit the CONTOMS website at www.trueresearch.org/contoms.

14. National Fire Academy Training Opportunities Available for EMS

Several course vacancies of interest to EMS currently exist in programs being offered by the National Fire Academy at the National Emergency Training Center in Emmitsburg, Maryland. Interested persons should refer to www.usfa.dhs.gov/nfa/index.shtm for more information, or contact the Admissions Office via email netc-admissions@dhs.gov or by phone at (301) 447-1035. Completed applications may be faxed to (301) 447-1441. *If interested, apply immediately!*

15. New Opscan Answer Sheets for EMI Independent Study Program Courses Now Available

The Independent Study Program (ISP) is currently mailing out new opscan answer sheet forms for the completion of ISP courses. The new form number is 95-23 and will be replacing the 95-9 and 95-9a opscan forms. The new 4-page form will be mailed out upon request at the [ISP website](#), (Select "Opscan Request Form" from the "Important Notices" box), for use in classroom and individual training when not submitting exams online. The deadline for acceptance of the 95-9 and 95-9a opscan forms will be September 30, 2009. After this deadline, the old opscan forms will no longer be accepted and will be returned to sender for resubmission on the 95-23 form. If you have any additional questions regarding the new form, please call the ISP Office at 301-447-1200, Monday through Friday, 7:30 a.m. to 7:30 p.m. Eastern Standard Time, or email at independent.study@dhs.gov.

16. EMSC Federal Legislative Update

On Friday, July 17, the House Committee on Appropriations passed the Fiscal Year 2010 Departments of Labor, Health and Human Services, and Education appropriations bill (HR 3293). The committee recommended an appropriation of \$20 million for the EMSC Program for the upcoming fiscal year (October 1, 2009 through September 30, 2010). For more information, please see pp 60 and 453 of [House Report 111-220](#). Subsequently, on Friday, July 24, the House of Representatives began and completed consideration of HR 3293. During debate on the bill, the House approved an amendment offered by Congressman Dave Obey (WI) to increase funding for

the EMSC Program by \$1 million. This amendment passed by a vote of 284-137. HR 3293, as amended, was approved by a vote of 264-153. Therefore, as passed by the House, the bill includes \$21 million for the EMSC Program in Fiscal Year 2010. Next, the Senate Appropriations Committee is expected to begin consideration of its respective version of the appropriations legislation. For questions regarding this legislative update, please contact the EMSC National Resource Center at 202-476-4927 or Karen Belli at (kbelli@cnmc.org).

17. Minnesota EMSC Program Posts State Prehospital Pediatric Guidelines

The Minnesota EMS Regulatory Board, in collaboration with Children's Hospitals and Clinics of Minnesota and the University of Minnesota Medical School have published pediatric specific guidelines for EMS. These guidelines have been developed to assist medical directors with creation of pediatric protocols for local service(s). To access, go to--

- Pre-hospital BLS pediatric guidelines [Word](#) | [PDF](#)
- Pre-hospital ALS pediatric guidelines [Word](#) | [PDF](#)

18. AEMS to Host Town Hall Meeting at EMS Expo

Advocates for EMS will host an EMS Town Hall Meeting on Wednesday Oct. 28 from 3:30 pm – 5:45 pm at the Georgia World Congress Center – Building C Atlanta, GA during EMS Expo. Gather with representatives from the Department of Health and Human Services, Department of Transportation and Department of Homeland Security to discuss the latest federal legislative policies and programs directly affecting frontline EMS providers. This will be a highly interactive session providing the opportunity to ask questions of federal agency leaders and to learn more about the policies and programs being formed in the nation's capital. A networking reception for all those in attendance will be provided. All conference attendees are welcome to attend.

19. H1N1 Highlights

- Panel discussions from the July 9, 2009 federal flu summit are now available for viewing at <http://www.flu.gov/plan/2009flusummit.html>.
- Clinical trials are currently underway for an H1N1 vaccine and supplies are anticipated sometime in the fall. Priority groups for vaccination include pregnant women, those who care for infants under 6 months of age, health care and EMS workers (who have direct patient contact), persons ranging from 6 months through 18 years of age, and 19- to 64-year-olds with underlying medical conditions. Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups.
- On August 5, CDC revised its recommendation about how long people with flu-like illness should stay home and away from other people to prevent spreading the flu. CDC now recommends that those with flu-like illness stay home until at least 24 hours after their fever is gone, without using fever-reducing medicines like acetaminophen or ibuprofen. Influenza virus can survive on environmental surfaces and can infect a person for up to 2-8 hours after being deposited on the surface. To reduce the chance of spread of the novel influenza A (H1N1) virus, disinfect commonly-touched hard surfaces in the workplace, such as work stations, counter tops, door knobs, and bathroom surfaces by wiping them down with a household disinfectant according to directions on the product label. [More on H1N1 workplace guidance...](#)
- Although health officials anticipate more illness from the new H1N1 influenza than this past spring and more school-based outbreaks because influenza is typically transmitted more easily in fall and winter, school closings are now not viewed as the preferred option for dealing with outbreaks. Revised CDC

guidance says officials should balance the risk of flu in their communities with the disruption that school dismissals will cause in education and the wider community. Revised school guidance is available at www.flu.gov.

- The novel H1N1 vaccine is not intended to replace the seasonal flu vaccine – it is intended to be used along-side seasonal flu vaccine to protect people.
- Visit www.cdc.gov/cleanhands for more information on hand hygiene.
- Visit <http://www.cdc.gov/flu/protect/covercough.htm> for more information on respiratory etiquette.
- Visit http://www.cdc.gov/h1n1flu/guidance_homecare.htm for more information on caring for sick persons in the home.
- The EPA provides a list of EPA-registered products effective against flu: <http://www.epa.gov/oppad001/influenza-disinfectants.html>
- Visit <http://www.epa.gov> for more information on cleaning

20. FDA Approves Vaccine for 2009-2010 Seasonal Influenza

The U.S. Food and Drug Administration announced that it has approved a vaccine for 2009-2010 seasonal influenza in the United States. The seasonal influenza vaccine will not protect against the 2009 H1N1 influenza virus that resulted in the declaration of a pandemic by the World Health Organization (WHO) on June 11, 2009. The FDA continues to work with manufacturers, international partners and other government agencies to facilitate the availability of a safe and effective vaccine against the 2009 H1N1 influenza virus. Although this year's seasonal vaccine is directed against other strains of influenza expected to be circulating and will not provide protection against the 2009 H1N1 influenza virus, it is still important for those Americans for whom it is recommended to receive the seasonal influenza vaccine. No vaccine is 100 percent effective against preventing disease, but vaccination is the best protection against influenza and can prevent many illnesses and deaths. [More on seasonal flu vaccine....](#)

21. CDC Recommends Seasonal Flu Vaccination for Children Over 6 Months and Healthcare Workers

In contrast to last year, when seasonal flu shots for those between 6 months and 18 years were "encouraged," this season it's a "full-out recommendation," according to Dr. Anne Schuchat, director of the CDC's center for immunization. The CDC's Advisory Committee on Immunization Practices (ACIP) simultaneously released its recommendations for seasonal influenza online in *MMWR*.

During a recent press briefing, the agency also "strongly" recommends that healthcare workers receive the seasonal vaccine. In addition, she expects that "when [novel] H1N1 vaccine recommendations come out, it's very, very likely healthcare workers will be in that group that ought to get vaccines as well."

[CDC briefing transcript](#) (Free)

[ACIP 2009 recommendations for seasonal flu vaccine](#) (Free)

22. CDC Features Muscle Strengthening Guidance for Adults

Muscle-strengthening activities can provide numerous health benefits, particularly as you grow older. There are many ways you can strengthen your muscles, whether it's at home or the gym. The activities you choose should work all the major muscle groups of your body (legs, hips, back, chest, abdomen, shoulders, and arms). No matter your age, regular physical activity is one of the most important things you can do for your health. To get the health benefits of physical activity, not only do you need to do aerobic activities that make you breathe harder and your heart beat faster, but you also need to do strengthening activities to make your muscles stronger. According to

the *2008 Physical Activity Guidelines for Americans*, adults gain substantial health benefits from 2 hours and 30 minutes (150 minutes) a week of moderate-intensity aerobic activity (i.e., brisk walking), in combination with muscle-strengthening activities on 2 or more days a week that work all seven major muscle groups—your legs, hips, back, abdomen, chest, shoulders, and arms. [More on strength training...](#)

23. AASHTO to Convene Stakeholder Meeting to Discuss Highway Safety

The United States Department of Transportation and American Association of State Highway and Transportation Officials (AASHTO) are organizing an effort to develop a National Strategic Highway Safety Plan. This will begin with a meeting on September 2-3, 2009 in Savannah, Georgia, to gather highway safety stakeholders in one location to lay the groundwork for this plan. [More information...](#)

24. MN Community Paramedic Program Acknowledged in NACRHHS Report

The National Advisory Committee on Rural Health and Human Services (NACRHHS) has released its 2009 Report to the Secretary on Rural Health and Human Services Issues. Recognizing that the majority of rural areas do not currently have a sufficient health workforce to meet their populations' needs, NACRHHS acknowledges the work of EMS colleagues in Minnesota attempting to address rural needs through community paramedic programs and opines that "It is important to take emergency services into account when considering changes to the health care system." The National Advisory Committee on Rural Health and Human Services (NACRHHS) is a citizens' panel of nationally recognized rural health and human services experts. The Committee, chaired by former South Carolina Governor David Beasley, was chartered in 1987 to advise the Secretary of the U.S. Department of Health and Human Services (HHS) on ways to address health problems in rural America. In 2002, the Committee's mandate was expanded to include rural human services issues and a 21-member limit was set. [More on 2009 NACRHHS Report...](#)

25. Institute of Medicine to Host 2nd in Series of Workshops

The Institute of Medicine (IOM) will host the second in a series of workshops on September 10-11, 2009 in Washington, DC. The "**Regionalizing Emergency Care Workshop**" will bring together stakeholders from across the private sector and federal, state, and local governments to examine the potential benefits and possible pitfalls of organizing regional systems of emergency care. The workshop will explore the history and lessons learned by organized trauma systems across the country, as well as trauma systems developed by the U.S. military. It will then examine new models of regional emergency care that are being developed to care for patients with cardiac arrest and stroke, and for pediatric patients and others. The workshop will examine the features of regionalization that can make it an effective strategy for improving operational efficiency and enhancing patient care, as well as the features that might produce unintended consequences for the overall health care system. [More information on IOM workshop...](#)

26. Recovery Act Funds Could Benefit EMS Professions

The Department of Labor has announced the availability of approximately \$220 million in ARRA grant funds for projects that provide training and placement services to help workers pursue careers within health care and other high growth and emerging industries. Approximately \$125 million will be used for health care projects (including allied health) and the balance of funds will be available for other high growth areas such as, IT, wireless and broadband deployment, transportation and warehousing, and biotechnology. The Employment and Training Administration (ETA) within the Department will accept proposals targeting any health care sub-field. A pre-recorded Webinar will be on-line and accessible for viewing on August 12, 2009 by 3:00 p.m. Eastern Time and will

be available for viewing anytime after that date. It is encouraged, but not mandatory that you view this recording. The grant applications must be received no later than 4 p.m. Eastern Time on Monday, October 5th, 2009.

27. CMS Revises Mileage Processing on Ambulance Claims

A new transmittal from the Centers for Medicare and Medicaid Services now requires upgrades to process mileage HCPCS codes to a tenth of a mile and requires suppliers to report mileage to the nearest tenth of a mile. This system upgrade is one of several being implemented now that the fee schedule transition has been completed. The directive states, "Effective for claims with dates of service on and after January 1, 2010, ambulance suppliers must report fractional mileage units rounded to the nearest tenth of a mile for all claims for mileage totaling up to, but not including, 100 covered miles. Suppliers must submit fractional mileage using a decimal in the appropriate place (e.g., 99.9). Contractors shall truncate mileage units with fractional amounts reported to greater than one decimal place; e.g., 99.99 will become 99.9 after truncating the hundredths place. This change only affects ambulance suppliers that bill Medicare Part B. [More information on Fractional Mileage....](#)

28. IAFP Releases Position Statement on Critical Care Paramedics

The International Association of Flight Paramedics (IAFP) has released a position statement recommending a national standard for critical care paramedics providing care in an expanded scope of practice. This standard includes valid and reliable national certification beyond that of the National Standard Curriculum. The IAFP position centers on eight content areas: education, certifications, knowledge, patient management, transport medicine, quality management and certification examination and proposes a pathway to certification as a critical care paramedic. The new position paper from IAFP is available [here](#).

29. NAEMSE to Induct New Officers Next Week

The National Association of EMS Educators is pleased to announce that Dr. Chris Nollette, NREMT-P, LP will assume will assume the position of President of NAEMSE until September, 2011 at the annual educational symposium in 2009. Dr. Nollette is a charter member of NAEMSE, and has served in many leadership capacities including committee member, NAEMSE representative to the Committee on the Accreditation of Educational Programs for the EMS Professions, and a board of director. NASEMSO member Donna Tidwell, state EMS training coordinator from Tennessee, will also be inducted as President-Elect at the 2009 NAEMSE Annual Meeting. An NAEMSE press release on Dr. Nollette is now featured on the [NASEMSO web site](#). NASEMSO congratulates NAEMSE officers and looks forward to continued collaboration!

30. NREMT Associate Director Participates in DC Fellowship

The National Registry of EMTs (NREMT) is pleased to announce that Associate Director Gregg Margolis, PhD, NREMT-P has accepted a fellowship with the Robert Wood Johnson Health Policy Fellows Program in Washington, D.C., as part of the Robert Wood Johnson Foundation. The one-year fellowship will begin in September, 2009. The Health Policy Fellows is a national program of the Robert Wood Johnson Foundation with direction and technical assistance provided by the Institute of Medicine of the National Academies. According to the Foundation, the Fellowship Program is the nation's most prestigious learning experience that connects health science, policy and politics. The non-partisan Fellowship offers exclusive, hands-on policy experience with the most influential congressional and executive offices in the Nation's Capital. NASEMSO wishes Dr. Margolis well in his endeavors!

31. ENA Seeking Pilot Sites for New LTC Handoff Form

The Emergency Nurses Association (ENA), through a grant from the Hartford Institute for Geriatric Nursing at NYU, has been working on the development of a guide and a *Patient Handoff/Transfer Form* to be used by long-term care, EMS, and emergency department professionals, in both LTC-to-ED and ED-to-LTC transfers. The *Sample Patient Handoff/ Transfer Form* includes data elements ranked highest in order of importance for all settings. Karen Halupke, NJ State EMS Director, represented NASEMSO to this project. For more information or to participate in the pilot, contact Pierre Desy via pdesy@ena.org.

32. ENA Releases New Study on Workplace Violence

A new study by the Emergency Nurses Association (ENA) finds that more than half of emergency nurses report experiencing physical violence on the job, including as being "spit on," "hit," "pushed or shoved," "scratched," and "kicked." One in four has experienced such violence more than 20 times in the past three years. More than half of the nurses surveyed for *Violence Against Nurses Working in U.S. Emergency Departments*, cited one or more of the following as precipitating factors when they experienced abuse: patients or visitors under the influence of alcohol or illicit drugs; psychiatric patients being treated in the emergency department; crowding; prolonged wait times; and shortage of emergency department nurses. Research indicates that such situations can cause frustration and feelings of vulnerability, which may result in physical and verbal abuse against emergency department staff. [More on ED Violence Study...](#)

33. EMS Patient Communications Monograph Available

Horror stories abound about what can happen when victims of fire, medical emergencies or criminal activity don't receive the help they need because of communication barriers with emergency services first responders, and you may wonder how many of the stories are true and how much is caught up in urban legend. This project began as a literature search in 2007 focusing on refugees and asylum seekers and has since expanded to an online directed and random survey. The question format is very simple, what do you know, how do you know it (statistical data) and what could have been done to improve the outcome (narrative observation). Our goal is to present verifiable data to describe the extent of the problem and common denominators that appear as possible solutions.

"Communication Challenges During Delivery of Emergency Services: Is There a Problem?"

Edited by Robert D. Burgener, MA

Contributors to this issue: S. Rzucidlo; K. Silcox, MA; C. Kroon; A. Murphy, MS

Request a copy of "Communication Challenges During Delivery of Emergency Services: Is There a Problem?" from projects@internect.org.

34. Data based integration of critical illness and injury patient care from EMS to emergency department to intensive care unit

Mears, G; Glickman, SW; Moore, F; Cairns, CB. Current Opinion in Critical Care. August 2009 - Volume 15 - Issue 4 - p 284-289. Recent findings: Standardized data comparable across geographies and settings of care has been a critical challenge for emergency care data systems. Emergency medical services (EMS), emergency department (ED), ICU and hospital care are integrated units of service in critical illness and injury care. The applicability of available evidence and outcome measures to these units of service needs to be determined. A recently developed fully integrated, emergency care data system for quality improvement of EMS service delivery and patient care has been linked to ED, ICU and in-hospital data systems for myocardial infarction, trauma and stroke. The data system also provides a platform for linking EMS with emergency physicians, other healthcare providers, and public health agencies responsible for planning, disease surveillance, and disaster preparedness. Summary: Given its time-

sensitive nature, new data systems and analytic methods will be required to examine the impact of emergency care. The linkage of emergency care data systems to outcomes based systems could create an ideal environment to improve patient morbidity and mortality in critical illness and injury. [Abstract and access...](#) or contact [Greg Mears, MD](#), NC State EMS Medical Director for more information.

35. Improving performance of emergency medical services personnel during resuscitation of cardiac arrest patients: the McMAID approach

Kellum, Michael J. Current Opinion in Critical Care. 15(3):216-220, June 2009. Following the introduction of new prehospital protocol for emergency medical services that initially dramatically improved survival of patients with witnessed out-of-hospital cardiac arrest, researchers found that without an adequate training and retraining program, survival rates decreased. A new training methodology called McMAID was developed to improve the quality of the resuscitation effort. Summary: It is possible to train personnel to routinely execute an organized resuscitation if the approach to training is modified. [Abstract and access...](#)

36. Ventilation during resuscitation efforts for out-of-hospital primary cardiac arrest

Bobrow, Bentley J; Ewy, Gordon A. Current Opinion in Critical Care. 15(3):228-233, June 2009. Active assisted ventilation during primary cardiac arrest may not always be beneficial and, in some circumstances, may lead to worse outcomes. By interrupting chest compressions and thereby decreasing vital organ perfusion, rescue breathing may be deleterious. In addition to the time required to administer breaths, the delay due to the insertion of advanced airways, even by well trained individuals, is often extensive. Furthermore, once intubation is completed, excessive hyperventilation occurs frequently, even by recently trained medical providers. Although most experts agree that excessive ventilation is harmful during out-of-hospital cardiac resuscitation, the optimal rate, tidal volume, timing, and technique of ventilation is still unknown. There is increasing evidence that, in patients with witnessed arrests and a shockable rhythm, the optimal form of ventilation is passive oxygen insufflation. Summary: Assisted ventilation during the initial provision of cardiopulmonary resuscitation is less important than previously believed. It is hypothesized that, by training prehospital medical providers to utilize passive oxygen insufflation for individuals with primary cardiac arrest, critical organ perfusion will increase and, therefore, survival after out-of-hospital cardiac arrest will improve. [Abstract and access...](#)

37. Stroke: acute stroke receiving facilities and management

Humpich, M; Byhahn, C; Fowler, RL; Labiche, L. Current Opinion in Critical Care. August 2009 - Volume 15 - Issue 4 - p 295-300. There is clear evidence that stroke patients have a favorable outcome when treated with thrombolysis in specialized stroke centers. Data from the European Cooperative Acute Stroke Study-III trial, coupled with improved patient selection by advanced imaging technologies will expand future therapeutic options. However, major obstacles remain in consistently translating scientific advances into clinical practice with only a small percentage of potentially eligible patients receiving thrombolysis. Integrated systems of prehospital management and clinical pathways are necessary to reduce this treatment gap. Summary: The dogma 'time is brain' is as relevant now as it was at the inauguration of recombinant tissue plasminogen activator for acute stroke treatment in 1996. Knowledge of stroke symptoms and treatment options by the public and first responders, along with integrated stroke systems of care are crucial to ensure rapid access to stroke expertise and treatment. [Abstract and access...](#)

38. Measuring acute pain in the prehospital setting

P A Jennings, P Cameron, S Bernard Emergency Medicine Journal 2009;26:552-555.

Severe pain is a common presenting symptom for emergency patients. One major challenge in the management of severe pain is the objective measurement of pain. Due to the subjective nature of pain, it can be very difficult for clinicians to quantify pain intensity and measure the qualitative features of the pain experience. A number of measurement tools have been validated in the acute care setting, with some appropriate for use in the prehospital setting. This paper reviews the characteristics required of a prehospital acute pain measure and appraises the relative utility of a number of currently used pain measures. At present, the verbal numerical rating scale appears the most appropriate pain measure to administer in the prehospital setting for adult patients as it is practical and valid. Either the Oucher scale or the faces pain scale is suitable for prehospital care providers to assess pain in children. [Abstract and access...](#)

39. Airtraq Causes Less C-Spine Movement Than Macintosh Laryngoscope

Turkstra, Timothy P.; Pelz, David M.; Jones, Philip M. *Anesthesiology*. 111(1):97-101, July 2009.

C-spine motion using the AirTraq was less than that during Macintosh laryngoscopy, averaging 66% less ($P < 0.01$) at three of the motion segments studied, occiput-C1, C2-C5, and C5-thoracic. There was no difference at the C1-C2 segment. There was no significant difference in the time to accomplish laryngoscopy between the two devices. Conclusions: For patients in whom C-spine movement is undesirable, use of the AirTraq Laryngoscope® may be useful to limit movement without an increase in the duration of intubation. [Abstract and access...](#)

40. Crossover Comparison of the Laryngeal Mask Supreme(TM) and the i-gel(TM) in Simulated Difficult Airway Scenario in Anesthetized Patients

Theiler et al. *Anesthesiology*: July 2009 - Volume 111 - Issue 1 - pp 55-62. Success rate for the LMA-S™ was 95% versus 93% for the i-gel™ ($P = 1.000$). LMA-S™ needed shorter insertion time (34 ± 12 s vs. 42 ± 23 s, $P = 0.024$). Tidal volumes and airway leak pressure were similar (LMA-S™ 26 ± 8 cm H₂O; i-gel™ 27 ± 9 cm H₂O; $P = 0.441$). Fiberoptic view through the i-gel™ showed less epiglottic downfolding. Overall agreement in insertion outcome was 54 (successes) and 1 (failure) or 55 (92%) of 60 patients. The difference in success rate was 1.7% (95% CI - 11.3% to 7.6%). Conclusions: Both airway devices had similar insertion success and clinical performance in the simulated difficult airway situation. The authors found less epiglottic downfolding and better fiberoptic view but longer insertion time with the i-gel™. Our study shows that both devices are feasible for emergency airway management in patients with reduced neck movement and limited mouth opening. [Abstract and access...](#)

UPCOMING EVENTS

STATEWIDE EMS CONFERENCES

39th Annual Wyoming Trauma Conference. Wyoming's premier EMS conference is scheduled for August 20-23, 2009 at the Little America Hotel and Resort in Cheyenne, Wyoming. Conference information is available from the EMS website: www.health.wyo.gov/sho/ems

The Kentucky Ambulance Providers will be hosting their annual EMS conference in Lexington Kentucky on September 23-25 2009 at the Lexington Convention Center. The website for the conference is as follows: <http://www.hultgren.org/conference/>. Other details will be forthcoming to keep you updated.

North Carolina Emergency Medicine Today (EM Today '09) October 4 - October 7, 2009. Sheraton Hotel at Four Seasons. Greensboro, NC. For more information, go to <http://www.ncdhhs.gov/dhsr/EMS/conferences.html>.

15th Annual Pocono EMS Conference - October 23, 24, 25, 2009. Pre-conference golf tournament October 22, 2009. The conference will be held at The Inn at Pocono Manor, Pocono Manor, PA. For additional information and conference registration visit www.easternemscouncil.org or call Eastern PA EMS Council at 610-820-9212.

SDEMTA 2009 Conference. South Dakota's premier EMS conference will be October 23-25, 2009 in Sioux Falls, SD. As information becomes available, it can be found at <http://www.sdemta.org/>.

Colorado State EMS Conference. Sponsored by the Emergency Medical Services Association of Colorado (EMSAC). November 5-8 in Keystone, CO. It features local, state, and national speakers and draws nearly 1000 attendees from Colorado and the Rocky Mountain region. Information about the conference can be found at <http://www.emsac.org/>. Those interested in presenting at the conference can submit presentations via our online system at <http://www.speakerready.com/abstracts/EMSAC/>

30th Annual Virginia EMS Symposium. November 11 – 15, 2009 Norfolk Waterside Marriott, Norfolk, Virginia More information is available at www.vdh.virginia.gov/OEMS/Symposium/index.htm. On-line registration opens August 1, 2009

32nd Annual West Virginia EMS Conference. November 12 - 14, 2009 at the Days Inn Hotel & Conference Center. Flatwoods, WV. More information will be provided when it becomes available.

34th Annual EMS Symposium November 12-14, 2009 Egan Center, Anchorage Alaska
Hosted by Southern Region EMS Council and State of Alaska Department of EMS and Injury Prevention

The 5th Annual New Jersey Statewide Conference on EMS November 12th – 14th, 2009 at the Sheraton Atlantic City Conference Website: www.njemscconference.com

Texas EMS Conference. November 22 - 25th, 2009. Fort Worth Convention Center. Look for exhibitor registration beginning in March, 2009 and attendee registration beginning in May, 2009 at http://www.texasemscconference.com/texas_ems_2009.htm.

*****National Conferences and Special Meetings*****

NAEMSE 14th Annual Educational Symposium. Walt Disney World, Florida. August 18 - 23, 2009. For more information, go to www.naemse.org.

The Rural and Frontier EMS and Trauma Summit at the Lodges. Hosted by the Critical Illness and Trauma Foundation. Aug. 26-28, 2009. The Lodges at Deer Valley, Park City, Utah. Visit us online at <http://eu.montana.edu/summit/>.

Governors Highway Safety Association 2009 Annual Meeting: Toward Zero Deaths - Every Life Counts August 30 - September 2, 2009 at the Westin Savannah Harbor, Savannah, GA. For more information including online registration info, go to <http://www.ghsa.org/html/meetings/annual/2009/index.html>.

US-China 9-Day Conference and Study Program—Emergency Medical Services in Disaster Management. September 9-19, 2009. For more information go to <http://www.globalinteractions.org/2009-program-and-events/2009-EMS.aspx>.

*Regionalizing Emergency Care Workshop. September 10-11, 2009 Keck Center of the National Academies 500 5th Street, Rm. 100 Washington, DC 20001. For more information, go to <http://www.iom.edu/CMS/3809/71267.aspx>

2009 NASEMSO Annual Meeting, September 20-25, 2009, Peabody Hotel, Little Rock, AR
For more information contact Kathy Robinson, NASEMSO Program Advisor at (703) 538-1799, ext 4 or email robinson@nasemso.org.

National After Action Workshop on a Federal Public Health Emergency: The Novel Influenza A H1N1 Epidemic of Spring 2009 September 21-22, 2009 Torrance Marriott Hotel Los Angeles, CA. For more info, go to <http://www.cphd.ucla.edu/>.

EMSC Town Hall Conference Calls 2:00 pm to 4:00 pm (eastern) September 29, 2009. The local number is (202) 476-6338 or call toll-free dial (877) 355-6338 and enter EMSC (3672) for the meeting ID#.

ACEP Advanced EMS Medical Directors Forum and Workshop. October 4, 2009, Boston, MA. For more information and to register, go to www.acep.org/sa.

2009 ACEP Annual Meeting. October 5-8, 2009. Boston, MA. For more information, go to www.acep.org.

2009 ENA Annual Meeting. General Assembly October 7-8, 2009. Scientific Assembly October 8-10, 2009. Baltimore Convention Center, Baltimore, MD. Additional info available at www.ena.org.

2nd Annual EMS Safety Summit. To focus on driver education resulting in the development of a comprehensive EMTS Driving Training course curriculum. Sponsored by Mile High RETAC. Embassy Suites Loveland, Colorado. For more information, go to www.milehighretac.org.

Fifth Annual International Roundtable on Community Paramedicine and Rural Healthcare Delivery. October 12-17, 2009 Auckland, New Zealand. For more information go to <http://www.ircp.info/>.

2009 Air Medical Transport Conference. October 26-28, 2009. San Jose, CA For more information go to www.aams.org.

2009 EMS Expo/NAEMT Annual Meeting. October 26-30, 2009. Atlanta, GA. Go to <http://www.publicsafetyevents.com/ems/index.po> for more information.

EMSC Town Hall Conference Calls 2:00 pm to 4:00 pm (eastern) January 5, 2010. The local number is (202) 476-6338 or call toll-free dial (877) 355-6338 and enter EMSC (3672) for the meeting ID#.

See more EMS Events on NASEMSO's web site at <http://www.nasemso.org/Resources/Calendar/index.asp>

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